

Agenda: Washington State Health Benefit Exchange Plan Management Meeting

7/17/12; 10:00 am – 12:30 pm

Agenda

ID	Topic	Facilitator	Duration
1.	Welcome <ul style="list-style-type: none">• Introductions	Michael Arnis	5 Min
2.	Purpose of the Meeting <ul style="list-style-type: none">• Share Policy and IT Updates• Health Care Provider Directory Discussion• Discuss Enrollment and Billing• Discuss Appeals Process for Issuers	Michael Arnis	5 Min
3.	Updates on: <ul style="list-style-type: none">• News related to Plan Management• IT/Formulary Update	Michael Arnis / Ashley Stamets	10 Min
4.	Health Care Provider Directory <ul style="list-style-type: none">• Introduction to proposal• 9-Step process to prepare a health care provider directory• 4 Responses to Issuer Concerns	Michael Arnis / Dipti Sharma (eHealth)	75 Min
5.	Enrollment and Billing	Brad Finnegan	15 Min
6.	Appeals process for issuers <ul style="list-style-type: none">• Discuss a “very revised” working document for appealing denial of a QHP	Michael Arnis	20 Min
7.	Break <ul style="list-style-type: none">• Break at 11:00 am	All	10 Min
8.	Next Steps / Close <ul style="list-style-type: none">• Upcoming Meeting: 7/31	Michael Arnis	10 Min

Meeting Notes

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1.	Updates were made on quality/enrollee satisfaction survey, dental, Navigators and formularies. In all categories, further information can be expected as HBE addresses these items. The process for creating a Quality Technical Advisory Committee was discussed.
2.	<p>The Washington Health Care Provider Directory Proposal and Response to Issuer Concerns document was presented, including a discussion of the “Nine Step Process to Prepare a Provider Directory for the Exchange” diagram. Issuers are encouraged to provide additional responses in writing to HBE. Action items for health care provider directory (provider directory) will be completed.</p> <p>Issuer comments and questions on the provider directory focused on these topics:</p> <ul style="list-style-type: none"> a. A question if issuers’ experience with eHealth today would be similar to the experience that issuers will have with eHealth through HBE. The experience is generally expected to be similar. b. OneHealthPort has some overlap in its efforts with HBE’s planning for the Provider Directory, including in the area of credentialing and NPI. This will be explored further. c. It was clarified that issuers would be expected to submit a full file instead of a changed file, when updating the provider directory. d. If HBE decides to move forward with a provider directory, then the frequency of the provider directory updates will be discussed with issuers. e. Regarding Step 3, a request was made for eHealth to send issuers the changes made to a provider directory so that issuers can validate the changes made during the update process. HBE will look into what kind of report we might be able to generate on the adjustments to an issuer’s health care provider data. f. Regarding Step 3, a request was made for the comprehensive set of business rules that eHealth uses. HBE will look into what can be shared. g. Regarding Step 3, a request was made for a preliminary analysis of comparison between types of providers in Massachusetts as compared to Washington. Three examples where there might be differences are in the categories of: rental networks; the use of domestic instead of national providers; and the use of health system doctors instead of independent doctors. eHealth will research the potential impacts of these differences. h. NPI has its challenges, and it was suggested that provider I.D.s may be the largest challenge in this endeavor. i. Regarding Step 6, a question was made if there were scenarios where issuers had different perspectives on how providers should be displayed. eHealth had not encountered this scenario. j. Regarding Step 9, eHealth will research what is required of issuers (e.g. time/resources) from the submission of data until the end of the provider directory process, including the review of data. k. eHealth will research how long it takes to publish a provider directory from receipt of file. l. Regarding Contracted Services (issue #3, Scope of Services in the handout), issuers were requested to describe how they capture the level of granular data describing the services that providers offer. m. Issuers were asked to comment on how they defined a health care provider Group. It might help HBE’s solution if a common definition of provider group could be used. n. Concern was expressed about implementing the provider directory in the first year of the Exchange’s operation.
3.	An enrollment and billing timeline will be distributed. There is another enrollment and billing meeting on July 19.
4.	<p>The appeals process was reviewed and these comments were made:</p> <ul style="list-style-type: none"> a. There was a clarification regarding the maximum number of days for the Exchange to make a decision on an Appeal. This would be 45 days. b. There was a question regarding the level of public discussion during an appeal process. HBE expects the appeal process to be a transparent process. An exception will likely be made if there is a need to discuss any proprietary information, and this alone would be discussed in an Executive Session. c. Appeals will be put on the agenda for the next Plan Management Workgroup meeting. Issuers are invited to send Michael Arnis an email on the proposed Appeal process. Those comments can then be discussed at the next Plan Management Workgroup meeting.